

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 23 / 2014</div> </div>		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 21 / 2014</div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px;">450.07</div>		
City State Zip Code Washington DC 20001		Transaction ID : D540416 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 21 / 2014</div>			
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO					
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">10869.66</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee Voices of the American Federation of Government Employees			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 21 / 2014</div>		
Mailing Address 80 F Street, NW			Amount <div style="border: 1px solid black; padding: 2px;">65.40</div>		
City State Zip Code Washington DC 20001		Transaction ID : D540437 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 21 / 2014</div>			
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002			
Name of Federal Candidate MITCH MCCONNELL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY					
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">24692.56</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">515.47</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 17 / 2014</div>		
[Electronically Filed]					